PTO/SB/22 (11-07)

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(Fees purs	suant to the Cons	FY 2008 olidated Appropriations Act	, 2005 (H.R. 4818).)	Kusi	02.70037US00	
Application				Filed September 10, 2003		
For BEV	/ERAGE FILTE	R CARTRIDGE				
Art Unit	1723			Examiner	S. U. Kim	
This is a recapplication.	quest under the p	provisions of 37 CFR 1.136	(a) to extend the per	iod for filing a reply	in the above identified	
The request	ted extension an	d fee are as follows (check	time period desired	and enter the appro	opriate fee below):	
	1		<u>Fee</u>	Small Entity F		
X	One month (3	7 CFR 1.17(a)(1))	\$120	\$60	\$ 120.0	
	Two months (	37 CFR 1.17(a)(2))	\$460	\$230	\$	
	Three months	(37 CFR 1.17(a)(3))	\$1050	\$525	\$	
	Four months (	37 CFR 1.17(a)(4))	\$1640	\$820	\$	
	Five months (	37 CFR 1.17(a)(5))	\$2230	\$1115	\$	
Pay	ment by credit of	unt of the fee is enclosed card. Form PTO-2038 is ready been authorized to	attached.	application to a D		
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Fffe	ective on 12/08/2004.			Co	mplete if Know		
Fees pursuant to the Conso	lidated Appropriation	s Act, 2005 (H.R. 4818).	Application Nur	nber	10/658,925-Co	nf. #3129	
FFF TR	RANSMI	ΤΤΔΙ	Filing Date		September 10,	2003	
			First Named Inv	ventor	Basil Karanikos	3	
FO.	<u>r FY 2008</u>		Examiner Name	)	S. U. Kim		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		1723		
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket No. K0502.7003			US00	
METHOD OF PAYM	ENT (check all tha	at apply)					
Check Cred	it Card Mo	oney Order No	ne Other	(please iden	ntify):		
x Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.							
For the above-id	lentified deposit ac	count, the Director i	s hereby authoriz	ed to: (ch	eck all that apply)		
x Charge fee	e(s) indicated belo	w	Charg	je fee(s) i	indicated below, ex	cept for th	e filing fee
	Characteristics of the second						
	er 37 CFR 1.16 an		Of X Credit	ally over	ipayments		
FEE CALCULATION							
1. BASIC FILING, SEAF Application Type	FILING		ARCH FEES  Small Entity Fee (\$)	EXAM	IINATION FEES Small Entity Fee (\$)	Fees P	<u>'aid (\$)</u>
Utility	310	155 510		210	105		
Design	210	105 100	50	130	65		
Plant	210	105 310	155	160	80		
Reissue	310	155 510	255	620	310		
Provisional	210	105 0		0	0		
2. EXCESS CLAIM FEE						-	Small Entity
Fee Description						Fee (\$) 50	Fee (\$) 25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						210	105
Multiple dependent clai		, ,				370	185
		e (\$) Fee	Paid (\$)		Multiple Depende	nt Claims	
	x				Fee (\$) F	Fee Paid (\$	<u>.</u> )
HP = highest number of tota							<u> </u>
Indep. Claims Ex	tra Claims Fe	e (\$) Fee	Paid (\$)				
3 - 6 = HP = highest number of inde	x ependent claims paid for	= or, if greater than 3.	<u> </u>				
3. APPLICATION SIZE	FEE						
If the specification and	l drawings exceed	100 sheets of paper	(excluding elect	ronically	filed sequence or	computer	
listings under 37 Cl	FR $1.52(e)$ ), the ap	oplication size fee d	ue is \$260 (\$130	for small	entity) for each ac	ditional 50	)
sheets or fraction th						Eag (	Paid (\$)
Total Sheets	Extra Sheets		additional 50 or fra			_ <u>ree r</u>	alu (a)
4. OTHER FEE(S)		50 =	_ (round up to a wii	ole Hullide	·/ ^	Fees	Paid (\$)
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SUBMITTED BY		$\Lambda$					
Signature	I WC	~ <del></del>	Registration No. (Attorney/Agent)	39,23	1 Telephone	(617) 646	6-8000
Name (Print/Type) Rober	t E. Hunt		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date V	W. 29.	2007
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Certificate of Mailing Under 37 CFR 1.8(a)  I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  Dated:  Signature:  Signature: